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Country programme document

The former Yugoslav Republic of Macedonia

Summary

The country programme document for The former Yugoslav Republic of Macedonia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $9,100,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. The former Yugoslav Republic of Macedonia has a population of 2.064 million,[1] comprising ethnic Macedonians (64 per cent), ethnic Albanians (25 per cent), and other smaller ethnic communities. The country is an upper-middle-income country and a European Union (EU) candidate since 2005. It has enjoyed stable economic growth during the past few years, with gross domestic product (GDP) growth expected to reach 3.5 per cent in 2015 and 3.8 per cent in 2016.[2] GDP per capita has doubled since the country achieved independence in 1991, but still represents only 35 per cent of the average GDP in the EU.

2. Unemployment, at over 28 per cent, remains high, with over half of young people aged 15-24 jobless (54 per cent men, 49 percent women).[3] While 26.2 percent of the population lives at risk of poverty,[4] children are more severely affected, with 31 per cent living in poverty.[5] Inequalities continue to persist: the Gini coefficient is 0.388 (2012),[6] and a 2010 report[7] indicated that, while 20 per cent of ethnic Macedonians are poor, the proportion is 35 per cent for ethnic Albanians and 65 per cent for Roma. Child marriage among Roma girls is still widespread: some 22 percent of girls aged 15-19 are married, compared with a 4 per cent national average.[8]

3. According to national statistics, the infant mortality rate (IMR) was 10.2 in 2013, down from 30.1 in 1993.[9] Ethnic disparities remain significant: among Roma children IMR is 1.7 times higher, and stunting three times higher, than the national average.[10] Access to quality health care, including early detection and intervention for children with developmental difficulties, is the key supply-side barrier to health for marginalized families. Home-visiting services are insufficient, with uneven geographical distribution, and only 20 per cent of nurses having adequate skills in developmental paediatrics.[11] On the demand side, low parental awareness is an obstacle to quality services, and there is limited or no use of health care for children with disabilities (CWD), especially among Roma families.

4. Enrolment in Early Childhood Education (ECE) for children aged 3-5 increased from 21.8 per cent in 2007 to 29 per cent in 2013,[12] and the Ministry of Labour and Social Policy reported an enrolment rate of 34 per cent in 2014. Equity gaps are significant: the most recent Multiple Indicator Cluster Survey (MICS), conducted in 2011 and published in 2013,[13] shows that ECE attendance

[1] Data from the 2002 Census, the most recent census.
[2] The World Bank Group, 2015 Global Economic Prospects Report.
[3] State Statistical Office (SSO), Active Population in the Republic of Macedonia Results from the Labour Force Survey, quarter III, 2014, at http://www.stat.gov.mk/pdf/2014/2.1.14.34.pdf.
[4] SSO, Laeken poverty indicators in 2012, at http://www.stat.gov.mk/pdf/2014/4.1.14.95.pdf.
[5] Ibid.
[6] Ibid.
[7] Bartlett W., et al., People Centred Analyses Report: Quality of Social Services, South-Eastern European Platform/United Nations Development Programme (Skopje, 2010).
[8] Multiple Indicator Cluster Survey (MICS) 2011.
[9] Health Centre, Skopje, 2013 Women and children Health status report, while the United Nations Inter-agency Group for Child Mortality Estimation has IMR at 5.8 for 2013.
[10] All data for comparisons in this paragraph are from the 2006 and 2011 MICS.
[11] Curatio International, Assessment of the community nursing system, 2012.
[12] UNICEF CEE/CIS Regional Office, evaluation of the ECD Programme, 2014.
[13] MICS 4 measured attendance in ECE for children aged 3-4.

among Roma girls is only 1.1 per cent and 6 per cent among boys. Between 2005 and 2011, attendance of ethnic Macedonians increased from 17 per cent to 37 per cent, while attendance was still below 4 per cent for ethnic Albanians and Roma. Attendance in urban areas increased from 18.5 per cent to 37.2 per cent, but only from 1.5 per cent to 6 per cent in rural areas. CWD represent only 0.5 per cent of children enrolled in 2013.[14]

5. The previous country programme laid the foundations for equitable access, learning and inclusion through the ECE reform[15] and the new legislation that introduced diversified ECE provision. Despite these efforts, significant bottlenecks remain: lack of services in rural and marginalized areas, inadequate capacity of institutions and professionals, and weak cross-sectoral cooperation. Together with low parental awareness on the importance of early learning, they constitute a major barrier to achieving continuity of care for young children.

6. Net attendance in primary education remains high, at 98 per cent.[16] Targeted actions to reduce dropout contributed to an increase in attendance among Roma from 61 per cent to 86 per cent between 2005 and 2011. However, 61 per cent of children aged 15-18 (65 per cent girls and 56 per cent boys) in Roma settlements still do not attend secondary school and only 70 per cent of ethnic Albanian girls attend secondary education.[17] During the previous programme of cooperation the curricula were aligned with the Child-Friendly Schools standards. Teacher knowledge and student learning were improved in early numeracy, literacy, inclusive education and multiculturalism. Monitoring and evaluation mechanisms were established for measuring student learning outcomes. However, despite some progress, national learning averages remain below international standards and some children are not benefiting equally from quality support, including Roma children, and especially CWD, the majority of whom are still excluded from primary education.[18]

7. From early ages, CWD face numerous barriers to inclusion. Early detection and intervention services are limited in scope and coverage, with home-visiting services representing an untapped potential to address these gaps. Stigma towards CWD is still widespread: only 4 per cent of the population is in favour of inclusive education.[19] Legislation supports inclusive education; however, teachers and services are not equipped to implement it. While the medical model continues to be used for assessing CWD, protocols are currently being revised, with UNICEF support, to bring them in line with the United Nations Convention on the Rights of Persons with Disabilities. A 2014 cross-sectoral assessment using a determinant analysis, carried out according to the Monitoring Results for Equity System, highlighted the following as major bottlenecks and barriers to the realization of the rights of CWD and their full inclusion in society: lack of long-term planning and

[14] SSO, Public Institutions for Children Care and Education — Kindergartens (annual reports for 2007-2013).

[15] National evaluation of the ECD programme in The former Yugoslav Republic of Macedonia.

[16] All comparisons in the paragraph are between MICS 3 (2006) and MICS 4 (2011).

[17] MICS 4 (2011).

[18] Child-friendly schools 2007 baseline study estimated that 15 per cent of children in schools are have disabilities. Progress assessment on early numeracy and literacy shows differences in learning based on the language of instruction.

[19] UNICEF National KAP (knowledge, attitudes, practice) Survey towards Inclusion of Children with Disabilities, 2014.

sustainable cross-sectoral coordination of child-centred services; limited information on disabilities that is in line with standards of the Convention on the Rights of Persons with Disabilities to guide policy and practice; and low awareness of disabilities in society.

8. The number of children living in institutions dropped from 398 in 2008 to 303 in 2013,[20] and to 18 per cent from 21 per cent for children under 3. CWD represent 14 per cent of the total. In addition, 340 persons above 18, almost all with disabilities, still live in residential care institutions. The number of children in foster families increased, and now represent the majority (53 per cent) of all children living in formal care. Community-based services, including for CWD, have been established, but are still insufficient due to significant remaining bottlenecks, which include lack of programmes to support families in preventing child abandonment and inadequate monitoring of the placement of children in alternative care.

9. Significant progress has been made over the past decade in reforming the system of justice for children: the proportion of children spending more than the legal limit of 60 days in pre-trail detention dropped from 50 per cent in 2007 to 9 per cent in 2012. And while in 2009 as many as 20 per cent of the cases took more than one year to be processed, this figure dropped to 2 per cent in 2013.[21] The previous programme of cooperation supported the adoption of a new law on Justice for Children that meets international standards, including those on treatment of child victims and witnesses, alternative sanctions and free legal aid for juvenile offenders. The National Council on Prevention of Juvenile Delinquency was established in 2009 to monitor the situation of children in the justice system, propose legislative and budget changes, and report to the Government, Parliament, Supreme Court and Judicial Council. In 2011, a National Prevention Strategy, together with a set of clear indicators, was adopted to monitor the implementation of the Justice for Children law, which unified the system for data collection and monitoring of children in the justice system.

10. Violence against children is still widespread: MICS 2011 indicated that almost 70 per cent of children aged 2-14 (71 per cent boys and 67 per cent girls) had been subjected to some form of psychological or physical violence by adults living in the household. Nearly 5 per cent of all children had been subjected to severe physical punishment. While the country has adopted policies to protect children's rights, there is no coordinated approach to preventing and responding to violence against children, and no unified data collection and monitoring system. Skilled and specialized professionals are scarce, and there is limited capacity to provide support, protection and care to children.

11. Regarding social assistance, allocations for such programmes are still among the lowest in the region (1 per cent of GDP), the level of child allowances is inadequate to meet basic needs,[22] and 26 per cent of children from the poorest decile are not eligible for benefits. A determinant analysis carried out with partners showed that a key bottleneck in this area is insufficient human and financial resources allocated to the Centres for Social Work (CSWs), which administer benefits and deliver social services. While professional standards have been developed,

[20] All data in this paragraph are based on TransMonEE database, 2014.
[21] SSO, Perpetrators of Criminal Offences in 2009 and 2013.
[22] UNICEF, Strengthening Social Protection for Children, 2013.

mechanisms to monitor the quality and accountability of the delivery of social services remain weak.

12. The 2006-2015 National Plan of Action on the Rights of the Child was revised in November 2012 in response to the June 2010 concluding observations of the Committee on the Rights of the Child. The Committee had expressed concerns about the slow pace of implementation and the absence of earmarked funds for implementation, monitoring and evaluation of the Plan. A National Commission on the Rights of the Child was established in 2005, but was given limited resources and no decision-making authority. The Committee on the Rights of the Child recommended that the Commission take the lead in policy planning and priority-setting for the implementation of the Convention.

13. The country is vulnerable to natural disasters such as earthquakes, floods, landslides and extreme weather conditions. The Government has in place an inter-ministerial ad hoc Steering Committee and a Crisis Management Centre responsible for coordinating any humanitarian response to natural disasters. This mechanism proved effective during the small-scale seasonal floods of spring 2013.

14. The 2014 regional, and subsequent national, evaluation[23] demonstrated that previous programmes of cooperation had effectively increased access to ECE through the following measures and strategies: UNICEF support to the Government for system reforms through changes in legislation, the modelling of ECE centres, the development of early learning standards, the professional development of teachers, monitoring procedures, and knowledge generation. These created the preconditions for closing equity gaps. An important finding of the evaluation was that facilitating access to high-quality technical expertise, convening diverse partners and modelling were key success factors in bringing about required changes in legislation and policies, and for generating national dialogue and consensus.

15. Lessons learned also included the need for further understanding and responding to the needs of the most marginalized children, such as Roma and CWD. The evaluation recommended setting up integrated services to compensate for the lack of developmental and learning opportunities at home for marginalised children, as well as further strengthening national institutions to deliver equitable quality services and improving decentralized management of ECE.

Programme priorities and partnerships

16. The overall goal of the country programme is to support Government efforts in advancing the realization of children's rights, with special attention paid to the most marginalized: Roma children, CWD and child victims of violence and abuse. To this end, the programme will focus on reducing disparities in access to quality services for marginalized children, fostering cross-sectoral cooperation, promoting inclusion, tolerance, and respect for multiculturalism and diversity among the various segments of the population.

[23] Education for Change (2014) Regional Knowledge Leadership Agenda multi-country evaluation: increasing access and equity in early childhood education in six CEE/CIS countries/territory, 2005-2012; Education for Change (2014) Evaluation of the Early Childhood Development Programme in The former Yugoslav Republic of Macedonia.

17. Key programme priorities include young child well-being, education and early learning, prevention of and response to violence against children, social protection, and child rights monitoring. All programme components will include a disability component to promote an inclusive approach, with special attention given to the children's development, learning and participation, as well as child-centred services. The programme will be national in scope, but focused on the seven municipalities with the highest density of Roma population, where child marriage will also be tackled as a gender priority across all components through communication for social change.

18. The programme will address the major bottlenecks identified in its Theory of Change, emphasizing the following strategies and measures: improving the supply side regarding services and the enabling environment, facilitating better cross-sectoral coordination and linkages, and strengthening systems at national and local levels for equitable provision of services that are high-quality, inclusive and innovative. The programme will also tackle barriers related to increasing the demand for quality services and promoting outreach services while empowering rights-holders, especially the most marginalized children and families.

19. The programme will support key national priorities as outlined in the country's revised 2006-2015 National Plan of Action on the Rights of the Child. The programme will contribute to the sector strategies in health, ECE and education, justice for children, and social protection, and will be aligned with key legislation and policies, notably: the National Strategy on Roma for 2014-2020; the National Strategy on Equalizing Rights of Persons with Disabilities for 2010-2018; the revised National Strategy for the reduction of Poverty and Social Exclusion for 2010-2020; and the National Program for the Development of Social Protection for 2011-2021.

20. The programme will contribute to the implementation of the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. The country programme will support the Government to further address the 2010 concluding observations of the Committee on the Rights of the Child. The programme accords with the EU 2020 Strategy for Smart, Sustainable and Inclusive Growth, and will contribute to the post-2015 Sustainable Development Goals.

21. The programme is linked to the United Nations National Strategy 2016-2020 for Partnership for Sustainable Development (UNPSD) and directly supports three of its outcomes: Social Inclusion, Governance, and Gender Equality.

22. In pursuing results for children, the programme of cooperation will apply normative principles of the human rights-based approach to development, gender mainstreaming and environmental sustainability, and will employ implementation strategies that are in line with the UNICEF Strategic Plan, 2014-2017, and with regional strategies. It will contribute to strengthening cross-sectoral capacities and integration in order to provide effective, inclusive and innovative services, and facilitate the costing and assessment of policy models and programmes. The programme will help to strengthen systems to monitor child rights, fostering a national dialogue on child-friendly social norms, including through communication for social change, to trigger positive changes in attitudes and practices.

23. UNICEF will support the programme with evidence-based and equity-focused policy advice and technical expertise, largely by enabling knowledge exchange. It will continue to play the role of a strong and independent voice for all children and will support the leveraging of resources for children. The programme will be

implemented in close partnership with line ministries and other Government bodies at all levels of governance, with an increased focus on multisectoral coordination.

24. The programme will closely identify and monitor assumptions and risks for the achievement of expected results, including political and social developments, as well as natural disasters, such as floods, earthquakes, landslides and extreme temperatures.

Young child well-being

25. This programme component aims to achieve, in close coordination with other components, equitable access to quality community Early Childhood Development (ECD) services providing essential health care and adequate support for families with young children, including Roma and children with developmental difficulties. It will also support national authorities in planning and budgeting for the most marginalized children, thus aligning national policies with the World Health Organization regional strategy "Health 2020".

26. Primary health care will be strengthened for better early detection of, and intervention for, children with developmental difficulties, as well as for appropriate health- and nutrition-seeking behaviours, with special focus on Roma. This will be achieved by scaling up the capacity of the home-visiting system and by promoting cross-sectoral collaboration among health, social and education services. Knowledge and skills of parents on appropriate health practices, on ECD and on prevention of harsh child discipline will be enhanced through community-based organizations, so as to overcome key bottlenecks related to lack of awareness and low demand for quality services.

27. Poor access to quality services by Roma children will be addressed through the integration of the Roma health mediator's programme into national and local planning and budgeting processes, as the programme has proved to be an effective mechanism for coordinated community services. This component will enable about 10,000 children and their families in the seven municipalities with the highest density of Roma population to benefit from an integrated model of health, social and ECD services.

Equitable and inclusive quality early learning and education

28. This component will support national efforts to increase participation in inclusive and quality early learning and compulsory education by the most marginalized boys and girls, including Roma children and CWD. In early education, the programme will continue to support the Government in further expanding equitable access for marginalized children aged 3-5 to quality early learning, in an inclusive, multicultural, gender-sensitive environment, and to ensure a smooth transition to primary education. Kindergartens and ECE centres will be empowered to be more inclusive and to strengthen linkages with parents, support services, schools and community health services.

29. This programme will continue the reform of the national pre-service and in-service teacher training system, so that teachers acquire the required competencies and professional standards needed for a truly inclusive education system. Policy advice, technical solutions, evidence generation and knowledge exchange will represent the cornerstone of the UNICEF contribution to the implementation of these reforms. Quality assurance mechanisms, including inspection, monitoring, and evaluation, will be strengthened. Cross-sectoral approaches and new financial formulas and allocations will be introduced to benefit marginalized children.

30. This component will support modelling of inclusive, quality and multicultural early learning and education practices and transition to primary schools for the most marginalized children: throughout the country for CWD, and in the seven selected municipalities with predominant Roma population. UNICEF will facilitate access to expertise in communication for social change, so as to increase awareness on early learning and on inclusive and intercultural education.

31. In compulsory primary and secondary education, the programme will foster inclusive, safe and protective learning environments and will improve the quality of education of all children, girls and boys through reforming and strengthening the national system of assessment and evaluation of learning outcomes in numeracy, literacy, life skills and multiculturalism, based on best international standards. UNICEF will provide tailored support to reduce gender disparities in lower-secondary education among school-age pupils, including Roma. Successful models will inform national policy reform and facilitate cross-sectoral cooperation for the inclusion of the most marginalized children in quality inclusive education.

Prevention and protection from violence and abuse

32. This component aims to improve the prevention of, and response to, violence and abuse of boys and girls, through strengthening national systems and quality services for detection, referral and response. Collaboration among key sectors, including health, education, justice and social protection, will be improved.

33. To address the weak coordination and duplication of efforts among the relevant sectors, the programme will promote multi-agency response services addressing legal, medical, psychological, educational and social needs of child victims of violence and abuse. A national legal framework will be developed and capacities enhanced for detecting, referring and responding to violence. An effective identification and referral process linking education, health, justice, police, social welfare and civil society organizations (CSOs) will be established. The availability and diversity of response services will be improved.

34. The programme will support social workers to prevent and respond to violence against children through the development and implementation of prevention programmes and services. Communication for social change will be used to increase awareness, to address the underlying community and societal factors that allow violence to thrive, and to promote positive discipline practices among families and communities. UNICEF will continue playing a convening role in promoting multisectoral coordination, knowledge exchange and modelling of community-based services for child victims of violence and abuse. Specific attention will be given to improving data collection, monitoring and reporting mechanisms.

Social protection

35. This component seeks to strengthen the country's capacity to improve inclusive access to integrated social protection services to tackle poverty, discrimination and social exclusion. It will support policy analysis on child poverty and multidimensional deprivations and disparities. The programme will support the Government in using results-based budgeting for children in the social protection system, and in generating knowledge and data on marginalized children.

36. Building on previous achievements, the programme will strengthen the capacity of the national social protection system to improve the resilience of

children and their families through stronger linkages with child protection services, early learning, education, and health services. It will build the capacities of the social protection system to provide inclusive services to CWD and their families by promoting a social model for assessment of disabilities. To this end, the capacity of social workers will be strengthened through technical assistance in order to improve social work outreach for children. Some social norms will be addressed to positively influence attitudes and practices of professionals and the general public towards the most marginalized children.

37. The programme will seek to improve the design and administration of social transfers for children and their families, with a special focus on improving the coverage for the most marginalized children. This will be achieved through evidence-based policy advice and technical assistance in reforming social transfers so that they increase equity and have a meaningful impact on poverty reduction and social inclusion.

Child rights monitoring

38. This component, which will work in synergy with the others, seeks to strengthen the capacity of national institutions and CSOs to monitor child rights' realization, with a focus on Roma children, child victims of violence and CWD. It will support child rights monitoring and evaluation mechanisms, including systematic gathering, analysis and use of disaggregated data. The programme will further support the ECE database, the Education Management Information System (EMIS), and the CSW database on children at risk. It will also develop and pilot a new data collection system on Roma children, CWD and on child victims of violence.

39. Partnerships with national institutions, the Ombudsman office and non-governmental organizations (NGOs) will be strengthened by enhancing their capacity to conduct and disseminate research and evidence-based analysis on child rights, and to promote a culture of child rights in the country.

40. Partnerships and alliances with civil society, the private sector and media will continue to be critical to engage communities and society in the realization of children's rights. Work will be furthered with Parliamentarians, the academic community, human rights institutions, and associations of parents of CWD, Roma organizations and other civil society organizations. The programme will continue to work with the private sector to leverage resources and mobilize support for social change on behalf of children.

41. UNICEF will continue to foster partnership with the EU to place children's rights on the accession agenda, and will continue its partnership with the World Bank to dialogue about its planned assistance for ECD, social protection and inclusion. The country programme will leverage other partnerships, to promote cooperation within the country and across countries in the region.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Young child well-being	750	910	1 660
Equitable and inclusive quality early learning and education	1 420	5 733	7 153
Prevention of and protection from violence and abuse	750	910	1 660

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Social protection	800	910	1 710
Child rights monitoring	550	637	1 187
Total	**4 270**	**9 100**	**13 370**

Programme and risk management

42. As an active member of the United Nations Country Team, UNICEF will continue to use existing mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNPSD 2016-2020, through the United Nations Working Groups contributing to the its outcomes. Two-year workplans will be developed together with national partners to operationalize the country programme.

43. The main risks to the achievement of the expected results relate to governance and accountability at all levels, as well as the potential shrinking of external funding. Mitigation measures will include risk-informed planning; maintaining close relationships and partnerships with Government institutions at national and local levels; supporting CSOs; diversifying and leveraging funding sources; closely monitoring implementation of the Harmonized Approach to Cash Transfers, including a yearly quality assurance plan; and supporting national efforts in emergency preparedness and response.

44. This country programme document outlines the UNICEF contributions to the country's results. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures and the internal controls framework.

Monitoring and evaluation

45. In monitoring progress towards the realization of child rights, the country programme will address major bottlenecks faced by the most marginalized children and families. Capacities and mechanisms for implementation, monitoring and evaluation of responsible institutions, including relevant ministries, the State Statistical Office and civil society partners, will be strengthened.

46. The 2011 MICS, administrative data and other sources will be used to establish baselines. Additional assessments on child poverty and marginalized groups will be conducted to monitor trends in disparities, including those related to gender. UNICEF plans to help the Government to conduct one MICS round in the course of the country programme. The situation analysis will be regularly updated. The programme will systematically track progress against planned results through midyear and annual reviews. Major planned evaluations will cover CWD, ECE, education and social protection, and will be complemented by other independent evaluations at regional level.

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Annex

Results and resources framework

The former Yugoslav Republic of Macedonia-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child articles: 2, 4, 5, 9, 12, 18, 19, 20, 21, 23, 26, 27, 28, 29, 39, 40.
National priorities:
National Action Plan for the Rights of the Child (2012-2015); National Program for the Development of Social Protection (2011-2021); National Strategy for the Reduction of Poverty and Social Exclusion (2010-2020); National Safe Motherhood Strategy (2010-2015); National Strategy on Roma (2014-2020); National Strategy on Equalizing Rights of Persons with Disabilities (2010-2018); National Strategy to Prevent Juvenile Delinquency (2010-2020)

United Nations Development Assistance outcomes involving UNICEF:
Outcome 2: By 2020, national and local institutions and officials are better able to design and deliver high-quality services for all residents, in a transparent, cost-effective, non-discriminatory and gender-sensitive manner
Outcome 3: By 2020, more members of socially excluded and vulnerable groups are empowered to claim their rights and enjoy a better quality of life and equitable access to basic services
Outcome 5: By 2020, state institutions are fully accountable to gender equality commitments, and women and girls are more empowered to make choices and lead lives free from discrimination and violence

Outcome indicators measuring change that include the UNICEF contribution: Share of children who attend preschool disaggregated by gender and ethnicity: Share of children with disability attending mainstream schools; Number of recommendations of the Committee on the Rights of the Child, Committee on the Elimination of Discrimination against Women, and the Universal Periodic Review recommendations implemented by state institutions;

Related UNICEF Strategic Plan outcomes: 1, 5, 6, 7

UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** *(thousands of US$)*		
					RR	**OR**	**Total**
Young child well-being By 2020, an increased number of young girls and boys, including Roma and children with disabilities, access and benefit	**Indicator 1:** % of home-visiting nurses with adequate skills related to child health, nutrition and development, including on early detection and intervention for children with disabilities.	Assessment of the home-visiting nurses training.	**Output 1:** Health policies targeting Roma and children with disabilities are developed, budgeted and implemented **Output 2:** Primary health care providers have increased knowledge and skills related to child health, nutrition and	Ministry of Health; civil society organizations (CSOs); United Nations partners	750	910	1 660

from quality, integrated and inclusive health care.	**Baseline (2015):** 20% **Target (2020):** 100%		development, including on early detection and intervention for CWD **Output 3:** Model of integrated outreach services for Roma tested and scaled up				
	Indicator 2: % of Roma girls and boys aged 0-3 in seven selected municipalities accessing mainstream services.[1] **Baseline:** Girls: TBD in 2015 Boys TBD in 2015 CWD: TBD in 2015 **Targets:** TBD in 2015	Roma Health database.					
	Indicator 3: % of mothers or primary caregivers of Roma girls and boys aged 0-3 in seven selected municipalities, with knowledge on positive parental practices. **Baseline:** TBD in 2016 **Target:** TBD in 2016	Assessment of the Roma Health Mediators Programme Survey using the same methodology as the baseline assessment					

[1] To be measured through a survey covering all primary schools.

Equitable and inclusive quality early learning and education By 2020, an increased number of marginalized boys and girls are included in quality, inclusive and multicultural early learning and education	**Indicator 1**: % of girls and boys aged 3-5 enrolled in ECE **Baseline:** TBD in 2016 Albanians Roma Boys Girls Children with disabilities **Target:** TBD in 2016	ECE database	**Output 1:** Mechanisms for support and quality assurance to ensure inclusion of the most marginalized children are strengthened **Output 2:** Quality, inclusive and multicultural early learning practices are established and inform policy reforms and cross-sectoral cooperation **Output 3:** Capacities and mechanisms for implementation, monitoring and evaluation of inclusion in quality, inclusive and multicultural education are upgraded **Output 4:** Quality, inclusive, multicultural educational practices and models of protective environment inform policy reforms and cross-sectoral cooperation **Output 5:** Parents and communities demand for quality, inclusive early learning and education practices	Line ministries EU World Bank Academia Non-governmental organizations (NGOs)	1 420	5 733	7 153
	Indicator 2: Number of CWD in primary education[2] **Baselines**: TBD in 2015 Ethnic Albanians Roma Boys Girls **Targets**: TBD in 2015	Research study					
	Indicator 3: % of 4th grade students achieving basic level in numeracy and literacy based on international standards **Baselines**: TBD in 2016 Boys Girls Ethnic Macedonians Ethnic Albanians Roma **Target**: TBD in 2016	Early literacy and numeracy interventions evaluation Survey using the same methodology as baseline evaluation					

[2] To be measured through a survey covering all primary schools.

	Indicator 4: % of respondents above age 15 supporting inclusion of CWD in regular schools **Baseline (2014):** 4% **Target (2020):** 40%	KAP (knowledge, attitudes, practice) survey					
Prevention of and protection from violence and abuse By 2020, an increased number of boys and girls benefit from child protection interventions aimed at preventing, adequately detecting, referring and responding to violence and abuse	**Indicator 1:** Number of cases per year of child victims managed by multi-agency teams **Baseline (2015):** 0 Boys: 0 Girls: 0 **Target (2020):** 206 Boys: 12 Girls: 194	People at risk and users of social services (LIRIKUS)[3] State council reports	**Output 1:** Legal framework and capacities to detect, refer and respond to violence are developed and implemented with cross-sectoral coordination **Output 2:** A model of multi-agency services is piloted and scaled-up **Output 3:** Increased use of non-violent discipline methods by parents	Line ministries, CSOs, academia.	750	910	1 660
	Indicator 2: % of children aged 2-14 who experienced psychological aggression or physical punishment during the last month **Baseline (2011):** 69% Boys: 71% Girls: 67% **Target (2020):** 50% Boys: 50% Girls 50%	Multiple Indicator Cluster Survey					
	Indicator 3: % of annual cases of children victims identified and referred by health and education **Baseline (2014):** Education:15% Health: 0%	State council reports					

[3] Database of at-risk children receiving social services.

	Target (2020): Education:30% Health: 20%						
Social Protection By end of 2020, an increased number of girls, boys and their families benefit from integrated and child-sensitive social protection services and transfers that address poverty, deprivation and social exclusion.	**Indicator 1:** % of boys and girls identified as having a disability using the International Classification of Functioning, Disability and Health — Children and Youth (ICF-CY) assessment **Baseline (2014):** 0% **Target (2020):** 90%, with equal gender and ethnic distribution.	Assessment commissions reports Cash Benefits Management Information System[4] reports; TransMonee. Institute for Social Activities (ISA)/LIRIKUS reports	**Output 1:** Social services and transfers are adequately planned, delivered, financed and monitored to reach the most marginalized children **Output 2:** Improved cross-sectoral coordination and capacities to design, implement and budget for social protection policies and programmes **Output 3:** Centres for Social Work, ISA and NGOs have capacity to strengthen the resilience of children and families, including Roma and CWD	Line ministries, municipalities; World Bank; NGOs; Academia	800	910	1 710
Child rights monitoring By end-2020, relevant State institutions and CSOs are empowered to monitor child rights focusing on most marginalized	**Indicator 1:** Education Management Information System (EMIS) provides real time data on inclusion of children with disabilities in education **Baseline (2015):** No data available **Target (2020):** Data on inclusion of children with disabilities available	EMIS reports	**Output 1:** State institutions and Ombudsman office generate data on the situation of most marginalized children, Roma and CWD, and use it for policy formulation **Output 2:** CSOs are empowered in evidence-based advocacy and promotion and monitoring of child rights.	State Statistics Office, Ombudsman, NGOs, Academia	550	637	1 187

[4] Database of recipients of social transfers.

	Indicator 2: Implementation of the concluding observations of the Committee on the Rights of the Child in the following areas: (a) Unit on child rights protection within the institution of the Ombudsman has the capacity, authority, resources and financial independence necessary to carry out its mandate effectively (b) CWD are able to exercise their right to education to the maximum extent possible (c) Child victims and witnesses of violence are provided with the protection required by the Convention on the Rights of the Child **Baseline (2015):** All three areas were highlighted as requiring particular attention in the latest concluding observations (2010) **Target (2019):** The Committee notes progress in all three areas in its concluding observations, expected in 2019	Ombudsman and NGO reports						
Total resources					**4 270**	**9 100**	**13 370**	